

## APPLICATION DATA SHEET

### **Application Information**

**Application Number::** National Stage of PCT/SE2004/000818  
**Filing Date::** November 29, 2005  
**Application Type::** Regular  
**Subject Matter::** National Stage Application  
**Suggested Classification::** None  
**Suggested Group Art Unit::** None  
**CD-ROM or CD-R?::** No  
**Number of CD Disks::** 0  
**Number of Copies of CDs::** None  
**Sequence Submission?::** No  
**Computer Readable Form (CFR)?::** No  
**Number of Copies of CFR::** None  
**Title::** IMPLANT DEVICE  
**Attorney Docket Number::** 43318-225722  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::** THREE  
**Small Entity?::** No  
**Latin Name::**  
**Variety Denomination Name::**  
**Petition Included?::** No  
**Petition Type::** None  
**Licensed US Govt. Agency::**  
**Contract or Grant Numbers::** None  
**Secrecy Order in Parent Appl::**

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Swedish  
**Country::** Sweden  
**Status::** Full Capacity  
**Given Name::** Dan  
**Middle Name::**  
**Family Name::** PITULIA  
**Name Suffix::**  
**City of Residence::** VÄSTRA FRÖLUNDA  
**State or Province of Residence::**  
**Country of Residence::** Sweden  
**Street of Mailing Address::** Käringbergsg. 8  
**City of Mailing Address::** VÄSTRA FRÖLUNDA  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Sweden  
**Postal or Zip Code of Mailing Address::** S-426 76

## **Correspondence Information**

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4000  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** [www.venable.com](http://www.venable.com)

## **Representative Information**

**Representative Customer Number::** 26694

## Domestic Priority Information

Application::	Continuity Type::	Application::	Filing Date::
	Continuation of		
	Continuation of		

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
SWEDEN	0301588-0	May 30, 2003	YES

## Assignee Information

**Assignee Name::** ENTIFIC MEDICAL SYSTEMS AB  
**Street of Mailing Address::** Box 16024  
**City of Mailing Address::** GÖTEBORG  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** SWEDEN  
**Postal or Zip Code of Mailing Address::** S-412 21